and usual activities (P = 0.027 and P = 0.006 respectively), while in self care, pain/discomfort and anxiety/depression dimensions, there was no statistically significant difference between the two groups. Mean values of the visual analogue scale assessing global health status indicated by patients with and without type-2 diabetes mellitus were 70 (SD, ±16.92) and 72 (SD, ±16.75), respectively (P = 0.395). **CONCLUSIONS:** This study, comparing diabetic and non-diabetic patients of the same age and sex, suggest that the presence of type-2 diabetes mellitus is associated with higher problems in the physical sphere, specifically in domains such as mobility and usual activities, but not on the overall perception of health status.

**PDB26**

### THE IMPACT OF VASCULAR EVENTS ON HEALTH-RELATED UTILITY IN PATIENTS WITH AND WITHOUT TYPE-2 DIABETES

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**OBJECTIVES:** Health-related utility is a numerical measure of individual satisfaction with health status or health care, and is routinely used for economic evaluation of new drugs. This study measured health-related utility in patients with type-2 diabetes and co-morbidities, such as multiple vascular events, and compared it with utility in non-diabetic patients with similar events. **METHODS:** Data were taken from the Health Outcomes Data Repository, which includes medical histories, biochemistry, health-related utility (based on the EuroQol-5D), and demographic data for a large population in the UK. The data used here (n = 14,775; 8.3% with type-2 diabetes) were from hospital inpatients and outpatients. **RESULTS:** The mean health-related utility score was lower in diabetic patients compared with non-diabetic patients (0.53 vs. 0.67). The mean utility score for acute myocardial infarction was 0.58 for those with diabetes compared with 0.56 for non-diabetic patients. Respective scores were 0.44 and 0.50 for heart failure; 0.46 and 0.53 for angina; 0.46 and 0.52 for stroke; 0.52 and 0.56 for transient ischaemic attacks; and 0.44 versus 0.51 for renal failure. The mean utility scores for peripheral vascular disease were similar in both groups (0.44 with diabetes and 0.43 without diabetes). The greatest difference was in eyesight diagnoses, with utility scores of 0.50 for diabetic versus 0.64 for non-diabetic patients. The mean utility score was lower (0.58 ± 0.34) for patients with diabetes and no vascular events compared with patients with neither diabetes nor a vascular event (0.70 ± 0.31). Utility scores decreased with increasing number of complications. The difference between diabetes and non-diabetes scores decreased with increasing disease severity, from 0.07 with one event to –0.01 with ≥3 events. **CONCLUSIONS:** Type-2 diabetes is associated with decreased utility, which is affected by the degree of co-morbidity. These findings could affect how multiple vascular complications states should be valued in economic models.

## DIABETES

## DIABETES—Health Policy

**PDB27**

### A MULTIDIMENSIONAL HEALTH CARE INTERVENTION ASSESSMENT: THE CO-ORDINATED DIABETES HEALTHCARE NETWORK

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Disease management assessment involves several steps: diagnosis, short and long term studies. From the hospital educational experience conducted in Vichy, hospital and office based practitioners developed a coordinated and multidisciplinary therapeutic educational approach, the "Vichy Diabète healthcare network". Two assessment steps have been conducted. **OBJECTIVES:** Initial objective was to analyse the "hospital therapeutic education program" on diabetic patients knowledge and to identify ways for improvement. The objective of the second step was to validate, after a few months, the choices made by the network. **METHODS:** Qualitative and quantitative studies were based on data currently collected, questionnaires submitted to diabetic patients who followed the hospital program and practitioners who belong to the network. **RESULTS:** Initial assessment showed that the hospital program impact alone is modest. A total of 67% of the patients considered that diabetes is a severe disease; 68% estimated that they do their best to treat themselves; 60% declared that the treatment is difficult in every day life, 50% hadn't changed their behaviour since the diabetes diagnostic; 21% didn't know the potential complications. This underlined the need to develop the "Vichy Diabète network". The second step confirmed these observations; 87.9% of interviewed practitioners estimated that patients could improve their behaviour. According to them, respectively 57.5% and 66.7% didn't know well the targeted glycaemia and HbA1C definition, 42.4% thought that diabetes isn't a severe disease. Adherence to diet and physical activity recommendations is considered very insufficient. Thus, according to patients and practitioners, the "Vichy Diabète network" answered to their needs and expectations. **CONCLUSIONS:** Assessment approach conducted at different steps is particularly adapted to networks project. It brings a lot of information to network care givers on strategic choices and impact on health organisation.

**PDB28**

### VALIDATION OF ORAL ANTIDIABETIC DRUGS PRESCRIPTIONS: THE VIEWS OF PRIMARY CARE PHYSICIANS

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**OBJECTIVES:** To assess views of primary care physicians (PCP's) in Spain regarding the purposes and impact of inspection validation of prescriptions (IVP) (in Spain known as "inspector visa") prior to dispensing within the NHS, in general and particularly in type-2 diabetes mellitus (T2DM) drugs, and to what extent they are in favour of this control mechanism. **METHODS:** A telephone survey was conducted during October—November, 2003 of 1471 PCP's prescribing an oral antidiabetic requiring IVP, or being familiar with it. Sample sizes per stratum (Autonomous Region) were calculated with a precision of 10% and an alpha-error of 0.05. Data was weighted in order to keep representativeness at a regional and a national level. **RESULTS:** A total of 40.6% of the 3618 PCP's contacted agreed to participate in the study and met inclusion criteria. On average, they prescribe 30.6 drugs requiring IVP per month, and costs of time invested in tasks related to IVP are estimated around 33€ million annually in primary care. Twenty percent (20%) of PCP's declared that IVP put patients at risk of not receiving the appropriate treatment when they need it, and 56.5% believe that IVP could delay the onset of treatment with T2DM drug. Regarding T2DM drugs, 18.8% of PCP's believed that Health Authorities imposed the IVP requirement to ensure its appropriate utilisa-